# HEROIN AND OPIOID EMERGENCY TASK FORCE MEETING

September 2, 2015, 1:00PM-4:00PM
Wineland Building, 16 Francis Street, Annapolis, MD

## PANELISTS

- **Judge Julie Solt**
- **Linda Williams**
- **Tracey Myers-Preston**
- **Elizabeth Embry**
- **Delegate Brett Wilson**
- **Senator Katherine Klausmeier**
- **Dr. Michael Finegan**
- **Sheriff Tim Cameron**

## INTRODUCTION

**Judge Julie Solt** made a motion to approve the Southern Maryland, Western Maryland, Eastern Shore, and DC Region minutes, and all were in favor. The meeting's agenda was to discuss next steps, upcoming schedule, and interim report feedback from the community and those who have reviewed the report.

## DISCUSSION AND FEEDBACK ON INTERIM REPORT

**Tracey Myers-Preston**

- The report was very well done, but because it had "emergency" in it, a lot of it felt preventative; some of the feedback on the report mentioned this.
- The report did not address treatment enough and did not talk about specific funding allocation.
- We must be careful that recommendations do not conflict with the state's efforts that are already underway. The state is getting a lot of money from federal sources for other efforts. We cannot be a task force at odds with, for example, the Secretary of DHMH.

**Julie Solt**

- There was not much meat in the interim report in terms of treatment, although we heard about this delay in access to treatment a lot at all the summits. We do not have a good plan in place for this.

**Brett Wilson**

- Structural changes will take more time to develop and implement, but I have heard this concern a few times too.

**Dr. Finegan**

- Duplication of efforts and people working in silos is an issue. Treatment is a systemic issue.

**Linda Williams**

- I have heard both good and bad feedback on the interim report. It is a good start, but there is not enough immediate action on the problem. My own concern is that when things get bad in one area, we go to another to try to fix it rather than finding balance.
- Weaknesses
    - Worry about overloading doctors; making doctors afraid of giving out prescriptions
    - Putting halfway houses out of business because of regulations
    - Service learning projects – they target kids that are already too old

**Tracey Myers-Preston**

- The service learning projects are a complete sham; they only make kids make bookmarks.

**Penelope Thornton Talley, MSDE**

- MSDE suggests an integrated plan that does not have service projects in isolation. The plan is to start with earlier curriculum introducing details of heroin use. Right now, around the 5th grade, the curriculum is more generic, so MSDE's curriculum team is working to infuse heroin in discussions earlier in curriculum – not just in the health curriculum, either. The scope is to be broadened to science, English, and wherever else possible.
- Service learning project options will probably be available between the 6th to 12th grades, when the students have already had some education on heroin.
- Service learning projects will integrate learning and is an opportunity to provide more awareness.
- Examples of service learning projects, in direct partnership with LEAs: development of PSAs within schools, art work for local state treatment drug programs or clinics.

**Dr. Finegan**

- We have kids who have intact families, with parents who are highly motivated and invested - and the program MSDE outlined would work phenomenally with this group. But we are dealing with a majority of children who are involved in significant levels of substance abuse who are in treatment because of DJS and for no other reason. There need to be programs that intervene with kids and families that have almost no motivation and have opted out of the system. This would be an additional valuable contribution to your recommendations. We have to look at the sad reality. We are coming up with nice programs but they work great only for motivated segment of population.

**Senator Klausmeier**

- The governor should bring in some faith-based ministers into this and give them tools to work with their parishioners.

**Richard Tabuteau**

- The governor can't do this anytime soon.
- The interim report contained items that could be executed in weeks, immediate items that are doable before end of September. The recommendations you commented on were not taken out. They can be put in the final report. Some of the ideas proposed have a budget component to it, and we only had $2M in supplemental to use.

**Tracey Myers-Preson**

- I hope we have the ability to have input on the final report.

**Richard Tabuteau**

- The first five recommendations are MSDE-oriented because school started the week we released the interim report. From now until December 1, it is all about deciding what this task force wants to do: getting consensus, finding the money.

**Julie Solt**

- We will set up a timeline moving back from the December 1 date.

**Sheriff Cameron**

- Who recommended the MSP training on the Good Samaritan law?
    - **Richard Tabuteau**: MSP.
    - **Cameron**: why are they singling MSP out?
    - **Tabuteau**: we can't make sure that all local law enforcement would do it.
- These are all good recommendations, but for us to be successful, we have to have access to treatment. Talking to people on the street statewide, I see that there has to be some real, tangible thing that they can go to. This is what is lacking. From the police side, the question is where the access for treatment is.

**Dr. Finegan**

- Units are being closed because of a lack of patients. We are trying to identify what has changed in the judiciary or in DJS that has resulted in a plummeting of referrals to adolescent addictions programs. I met with the chief of staff of DJS 2 weeks ago and in the last 10 years they have had a 52% reduction in complaints. This data is not reflective of an improvement in the adolescent population; there is an initiative somewhere in the system resulting in destabilizing of adolescent addictions in Maryland. The word is "destabilizing." If you upset DJS, your programs might be closed down. We have to identify how we have had a 52% reduction in complaints. Police don't see a change. Programs are extremely dependent on DJS.
    - **Adam Dubitsky**: is it worth convening any group to specifically look at this issue? We need options for adolescent rehab.
    - **Tracey Myers-Preston**: we need money that follows the person.
    - **Finegan**: adolescent programs will not be effective without the central role of DJS.
    - **Myers-Preston**: the Governor's Office can just ask DJS why it isn't getting referrals. Meetings aren't necessary. Those with authority should lower the hammer: DJS needs to refer. Do it before programs close.
    - **Linda Williams**: the Health Department (program?) in Harford County is going to close.
    - **Myers-Preston**: it is very expensive to deliver care via health departments. Outcomes are different. Every jurisdiction's treatment system is driven by the personal philosophy of its health officer. I get different care depending on where I am. $4500-7500 per 3 years for accreditation is not expensive. We need accredited programs.
- Programs say that they have massive costs. I have consistent data documenting costs that are significant from health departments and private providers.
    - **Senator Klausmeier**: this Wednesday is the oversight committee meeting. We will look at programs and what we can do with them. Join if u can.

**Tracey Myers-Preston**

- There is an October 16 accreditation deadline.

**<u>WORKGROUP UPDATES</u>**

**Linda Williams**

- We are looking into the 7 challenges
- Want to meet up with the head of DARE
- Looking into prevention programs to implement or recommend
- Working with Gary Riddle in Georgia regarding PSA high school contests and Billy Shreve, councilman, looking into individuals with ideas such as giving videotapes to kids in cities who can tape their lives

**Senator Klausmeier**

- We need to get PTAs involved.
- October 3-4 in DC is the Fed Up Rally. We need a strong spokesperson for this.

**Sheriff Cameron**

- I reached out to Captain Cologne in the New Jersey State Police who runs exchange of case information program.
- Case investigators and agencies don't like to share information.
- We need to put tech group people together to build an information system.
- Elizabeth Embry and I spoke about diversion programs in Gloucester, Massachusetts, where you get no lockup if you get treatment. I want to spearhead something like this.
- County commissioners talking about intensive outpatient program (IOP) for female inmates - consider that jail is the largest provider of mental health.

**Elizabeth Embry**

- We will be working with federal and local partners and will help with information sharing
- Working with DHMH on ways to find trends in the data the state already has (regarding prescription abuse).

**Richard Tabuteau**

- Problem with role of law enforcement: law enforcement scares prescribers and pharmacists the most, who say that law enforcement do not know what is proper to prescribe. How is law enforcement investigating stuff they don't know about?

**Brett Wilson**

* Suggest that day report centers can expand drug courts, so courts can see more nonviolent addicts than they currently can. There can be a pretrial component for appropriate persons, where the court has an opportunity to make them go to day report centers before trial. After trial, sentencing can mandate going to a day report center – if you are a nonviolent offender. This saves jail space. Costs will be jurisdictional, depending on the county.

**Julie Solt**

- Working to figure out who has programs that already exist: what jurisdictions have addiction services available in local detention centers? Can we build from existing programs to build in process to identify addicted people and get them in treatment as soon as possible? We need to have this along with the other options of drug courts, day report centers, and other ideas. We know that it works.

**Brett Wilson**

- We need all-hands-on-deck treatment, not just methadone and medication.

**Tracey Myers-Preston**

- We need to have access to treatment, somewhere people can be assessed so they can be put in the right level of care. Consider telemedicine as a means of assessment.

**Senator Klausmeier**

- We need to have an insurance carrier present in one of our meetings.
- **Richard Tabuteau**: insurance is a big gap that needs to be addressed.

**Dr. Finegan**

- Trying to find real recommendations that have meat (regarding prisons, DJS?). Quality has a profound effect on treatment access. Finding money is important.

**Senator Klausmeier**

- Chris Herren is a motivational speaker (putting in a plug)

**Brett Wilson**

- Look into wraparound services like in Oklahoma: family recovery court.

**DHR (Andrea Garvey)**

- Many children have come into care because parents are drug abusers. More than 60% of 1-8 year-olds come to DHR. Children are coming because something happens at home, but there is no connection about whether their mom or dad gets help. DHR takes their kids, but then what about their parents? What about we help the family as a whole? Prefer interagency approach to this. The federal level may need to change their laws; state level needs to do toolkit.

**Richard Tabuteau**

- Is there a number to go after high-volume dealers, something in between 4 and 28 grams?
- **Brett Wilson**: making the amount less may not capture who you want to capture.

**Linda Williams**

- In the BHA report, they were promoting 211. That is good, but only if it works. Only a few counties have this work. It is not very effective: tells a person where to go and may not be accurate. County executive Glassman wanted me to do a 24/7 hotline. We should make 211 work.
- There are complaints that the DHMH website is very outdated with old information.

**Dr. Finegan**

- We need an accurate number of treatment providers. Ask American Psychological Association to survey members to see how many are on Blue Shield Blue Cross list and who are actually providing services and no longer doing it (get insurance companies to verify their provider networks)
- Trying to facilitate residential treatment by giving benefit to inpatient facility that works with us.
- There are systems close to Delaware that say they are not interested in Maryland patients.
- Hiring psychiatrists to enhance access to treatments.
- Can Governor's Office make a request to have accurate information about how many providers there really are out there?
    - **Tracey Myers-Preston**: this is contingent on the providers. If you as a provider are no longer seeing someone, it is your responsibility to update the directory. Can that be addressed or is that on a federal level? It's a network adequacy issue.
    - **Richard Tabuteau**: at this point, the better approach would be to flesh out what's the workgroups already indicated that they would recommend instead of thinking of new things.
    - **Senator Klausmeier**: our recommendation can be: get the information, because we cannot do anything without this info.
- Need better data on the number of suboxone providers in Maryland.

**TIMELINE**

- The next Task Force meeting is September 30, 2015.

- The draft final workgroup reports are due on October 30, 2015.
- The Task Force will meet on November 4, 2015 to discuss the draft reports.
- Final workgroup reports are due on November 12, 2015.
- The Final Report is due to Governor Hogan on December 1, 2015.